

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Application Number</td> <td style="border-bottom: 1px solid black;">10/608 829</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Filing Date</td> <td style="border-bottom: 1px solid black;">06/26/2003</td> </tr> <tr> <td style="border-bottom: 1px solid black;">First Named Inventor</td> <td style="border-bottom: 1px solid black;">Ewa Herbst</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Art Unit</td> <td style="border-bottom: 1px solid black;">3766</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Examiner Name</td> <td style="border-bottom: 1px solid black;">Jon Eric C. Morales</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Attorney Docket Number</td> <td style="border-bottom: 1px solid black;">0813825.12402</td> </tr> </table>	Application Number	10/608 829	Filing Date	06/26/2003	First Named Inventor	Ewa Herbst	Art Unit	3766	Examiner Name	Jon Eric C. Morales	Attorney Docket Number	0813825.12402
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I hereby revoke all previous powers of attorney given in the above-identified application.			
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<input checked="" type="checkbox"/> The address associated with Customer Number: CN 00545			
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I am the <input checked="" type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	Ewa Herbst		
Date	7/18/08	Telephone	201-840-0418
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

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